

<div style="display: flex; justify-content: space-between;"> <div> B MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. 09/966453 </div> <div> FILING DATE </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL CLAIMS	9					
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